

X

UCC Technology - Radioactive Materials and License, X-ray Producing Equipment
and Registration

Source Material and License

Licensee Union Carbide Corp., Metals Div
4625 Royal Ave
Niagara Falls, NY 14302

Radioactive Materials License Number 210-0090, Reference No 2, with 10 amendments
Issued By New York State Department of Labor, Division of Safety and Health

Source Materials Covered by License

<u>Sealed Source</u>	<u>Purpose</u>	<u>Quantity</u>	<u>Present Location</u>
Cs 137	Float Indicator	50 mCi	Stack Furnace, Bldg 169
Cs 137	" "	50 mCi	Storage, Bldg. 143
Cd 109	Port Isotope Analyzer	3 mCi	Cabinet, Bldg. 166
Fe 55	" " "	20 mCi	" " "
Pu 238	" " "	30 mCi	" " "
Co 57	" " "	3 mCi	" " "

Other unlicensed source materials

- 1 Various radium sources, which cropped up during H J O'Hear's tenure, stored in Lab 357, Bldg 94
- 2 Thorium oxide

Note U_3O_8 as ore, tailings, and concentrate assumedly is covered by a general license, and gets shipped back to source of origin. No present accounting of on-site U_3O_8 exists

Number of persons exposed to source materials 0 All sources are in storage

Equipment and Registration

Registrant New York State Dept. of Labor, Division of Safety and Health
Registration No L-0090

UCCNHT0003556

UCC owned and operated X-ray equipment

<u>Number</u>	<u>Description</u>	<u>No. of workers Exposed</u>
2	50 kv; 35 ma Philips Electronics Inc., Manual Powder X-ray Diffractometer	2

Note Attached is a list of Elkem owned and operated X-ray equipment, which
at this time remains registered to UCC

D. R. Brosnahan
5/16/83

UCCNHT0003557

Division of Safety and Health
Radiological Health Unit
Two World Trade Center
New York NY 10047



DO NOT WRITE IN THIS BOX

Registration No

Date Registered

REGISTRATION OF X-RAY SOURCES AND OTHER TYPES OF PARTICLE ACCELERATORS

SUBMIT IN TRIPLICATE

(SEE OVER FOR INSTRUCTIONS)

1 NAME OF OWNER (Firm or Lessee) Elkem Metals Company			2 ADDRESS OF INSTALLATION P.O.Box 1344, 4625 Royal Ave., Niagara Falls, NY 14302		ZIP CODE 14302	COUNTY Niagara	PHONE NO (Include Area Code) 716-286-7400
2A ADDRESS OF FIRM IF DIFFERENT FROM ABOVE			ZIP CODE		PHONE NO (Include Area Code)		
3 CONFINES OF INSTALLATION Technology Department							
4 INDUSTRY Ferroalloys						5 TOTAL NO. OF WORKERS EXPOSED TO RADIATION IN THIS INSTALLATION 13	
6 ARE THE SOURCES NOW BEING REPORTED PART OF AN INSTALLATION PREVIOUSLY REGISTERED WITH THE STATE OF NEW YORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST THE REGISTRATION NUMBER FOR THAT INSTALLATION							

7 RADIATION EQUIPMENT (USE ADDITIONAL SHEETS IF NECESSARY)

E Q U I P M E N T	a Number		b Description of Each Radiation Producing Machine or Unit	c Purpose or Use	d No of Workers Exposed
	Fixed	Mobile			
	1		ARL X-ray Quantometer Model 72000 Max 50 KV, 40 ma	X-ray Fluorescence Analysis	4
	1		0-50 KV, Acton Electron Probe Micro Analyzer Building 166, Room 285C, Model MS-64	Electron Emission	4
	1		35 KV, 20 ma Philips Electronics Inc Building 166, Room 287A	X-ray Diffraction	4
	2		35 KV, 20 ma Philips Electronics Inc Building 166, Room 287A	X-ray Diffraction	4
	1		30 KV; Hitachi Perkin-Elmer HHS-2R Scanning Electron Microscope	Scanning Electron Microscopy	4
	1		RCA Electron Microscope Model E.M.U.-4A 50/1-- KVP, 300/450 Micro amp Ser. #4011	Research	4
	1		Philips Automated Powder Diffractometer Model XRG-3000 Max. KV 60, ma 80	X-ray Diffraction	4

8 NAME, TITLE, AND BUSINESS ADDRESS OF RADIATION SAFETY OFFICER E. J Klesta, Jr. Analytical Chemist P.O.Box 1344, 4625 Royal Ave. Niagara Falls, NY 14302	9 QUALIFICATIONS OF PERSON LISTED IN NO 8, FOR MOBILE EQUIPMENT LIST QUALIFICATIONS OF PERSONS AT MOBILE SITE IF DIFFERENT FROM NO 8 See attached resume.	10 VALIDATION STAMP (OFFICIAL USE ONLY)
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I hereby certify that the information contained on this form and on any supplements attached hereto is true and correct to the best of my knowledge and belief

DATE

SIGNATURE

TITLE

UCCNHT0003558

Division of Safety and Health
Radiological Health Unit
Two World Trade Center
New York NY 10047



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REGISTRATION OF X-RAY SOURCES AND OTHER TYPES OF PARTICLE ACCELERATORS

SUBMIT IN TRIPLICATE

(SEE OVER FOR INSTRUCTIONS)

1 NAME OF OWNER (Firm or Lessee)

Elkem Metals Company

2 ADDRESS OF INSTALLATION

ZIP CODE

COUNTY

PHONE NO (Include Area Code)

P.O Box 1344, 4625 Royal Ave., Niagara Falls, NY 14302 Niagara

716-286-7400

2A ADDRESS OF FIRM IF DIFFERENT FROM ABOVE

ZIP CODE

PHONE NO (Include Area Code)

3 CONFINES OF INSTALLATION

Technology

4 INDUSTRY

Ferroalloys

5 TOTAL NO OF WORKERS EXPOSED TO RADIATION IN THIS INSTALLATION

13

6 ARE THE SOURCES NOW BEING REPORTED PART OF AN INSTALLATION PREVIOUSLY REGISTERED WITH THE STATE OF NEW YORK?

☐ YES ☒ NO IF YES, LIST THE REGISTRATION NUMBER FOR THAT INSTALLATION

7 RADIATION EQUIPMENT (USE ADDITIONAL SHEETS IF NECESSARY)

a Number		b Description of Each Radiation Producing Machine or Unit	c Purpose or Use	d No of Workers Exposed
Fixed	Mobile			
1		75 KV; 35 ma General Electric XRD-6 Building 94, Room 212	X-ray Fluorescence	4

8 NAME TITLE AND BUSINESS ADDRESS OF RADIATION SAFETY OFFICER

9 QUALIFICATIONS OF PERSON LISTED IN NO 8 FOR MOBILE EQUIPMENT LIST QUALIFICATIONS OF PERSONS AT MOBILE SITE IF DIFFERENT FROM NO 8

10 VALIDATION STAMP (OFFICIAL USE ONLY)

I hereby certify that the information contained on this form and on any supplements attached hereto is true and correct to the best of my knowledge and belief

6-16-81

W. Chynoweth

Site Manager

UCCNHT0003559